

OMB APPROVAL	
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**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP**

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* <u>Chen Bihua</u> <hr/> (Last) (First) (Middle) <u>C/O CORMORANT ASSET MANAGEMENT, LP</u> <u>200 CLARENDON STREET, 52ND FLOOR</u> <hr/> (Street) <u>BOSTON MA 02116</u> <hr/> (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>Biomea Fusion, Inc. [ BMEA ]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)
	3. Date of Earliest Transaction (Month/Day/Year) <u>03/30/2023</u>	
4. If Amendment, Date of Original Filed (Month/Day/Year)		Rule 10b5-1(c) Transaction Indication <input type="checkbox"/> Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Common Stock	03/30/2023		P		400,000	A	\$30	3,570,872	I	See Footnotes <sup>(1)(2)</sup>

**Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date					
Stock Option (right to buy)	\$17							(3)	04/14/2031	Common Stock	28,911	28,911	D <sup>(4)</sup>	
Stock Option (right to buy)	\$10.2							(5)	06/21/2032	Common Stock	23,867	23,867	D <sup>(4)</sup>	

1. Name and Address of Reporting Person* <u>Chen Bihua</u> <hr/> (Last) (First) (Middle) <u>C/O CORMORANT ASSET MANAGEMENT, LP</u> <u>200 CLARENDON STREET, 52ND FLOOR</u> <hr/> (Street) <u>BOSTON MA 02116</u> <hr/> (City) (State) (Zip)
1. Name and Address of Reporting Person* <u>Cormorant Global Healthcare Master Fund, LP</u> <hr/> (Last) (First) (Middle) <u>200 CLARENDON STREET</u> <u>52ND FLOOR</u> <hr/> (Street) <u>BOSTON MA 02116</u> <hr/> (City) (State) (Zip)

1. Name and Address of Reporting Person\*

Cormorant Private Healthcare Fund III LP

(Last) (First) (Middle)

200 CLARENDON STREET  
52ND FLOOR

(Street)

BOSTON MA 02116

(City) (State) (Zip)

1. Name and Address of Reporting Person\*

Cormorant Asset Management, LP

(Last) (First) (Middle)

200 CLARENDON STREET  
52ND FLOOR

(Street)

BOSTON MA 02116

(City) (State) (Zip)

**Explanation of Responses:**

- Shares reported herein are held by Cormorant Global Healthcare Master Fund, LP (the "Master Fund"), Cormorant Private Healthcare Fund III, LP (the "Fund III"), and a managed account (the "Account"). Cormorant Asset Management, LP ("Cormorant") serves as the investment manager of the Master Fund, Fund III, and the Account. Bihua Chen serves as manager of the general partner of Cormorant. Each of the Reporting Persons disclaims beneficial ownership of the shares reported herein except to the extent of its or her pecuniary interest therein, and the filing of this Form 4 shall not be construed as an admission that any of the Reporting Persons is the beneficial owner of any such shares for purposes of Section 16(a) of the Securities Exchange Act of 1934 or for any other purpose.
- Represents (i) 1,795,928 shares of Common Stock held by the Master Fund, (ii) 1,717,232 shares of Common Stock held by Fund III, and (iii) 57,712 shares of Common Stock held by the Account.
- The options were granted with a 36 month vesting period, vesting monthly.
- Stock options granted to Bihua Chen, in her capacity as a director of the Issuer.
- The options vest in full upon the earlier of (i) the one-year anniversary of the date of grant or (ii) immediately prior to the annual meeting of the Issuer's stockholders that occurs following the date of grant.

/s/ Bihua Chen 04/03/2023

/s/ CORMORANT GLOBAL  
HEALTHCARE MASTER  
FUND, LP, By: Cormorant  
Global Healthcare GP, LLC, its  
General Partner By: Bihua  
Chen, Managing Member 04/03/2023

/s/ CORMORANT PRIVATE  
HEALTHCARE FUND III, LP  
By: Cormorant Private  
Healthcare GP III, LLC, its  
General Partner By: Bihua  
Chen, Managing Member 04/03/2023

/s/ CORMORANT ASSET  
MANAGEMENT, LP By:  
Cormorant Asset Management  
GP, LLC, its General Partner,  
By: Bihua Chen, Managing  
Member 04/03/2023

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

\* If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.